

SEPTEMBER 1953

# Mental Hospitals

Volume 4 Number 7

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## RESEARCH TODAY—GOALS & RESULTS

William Malamud, M.D.

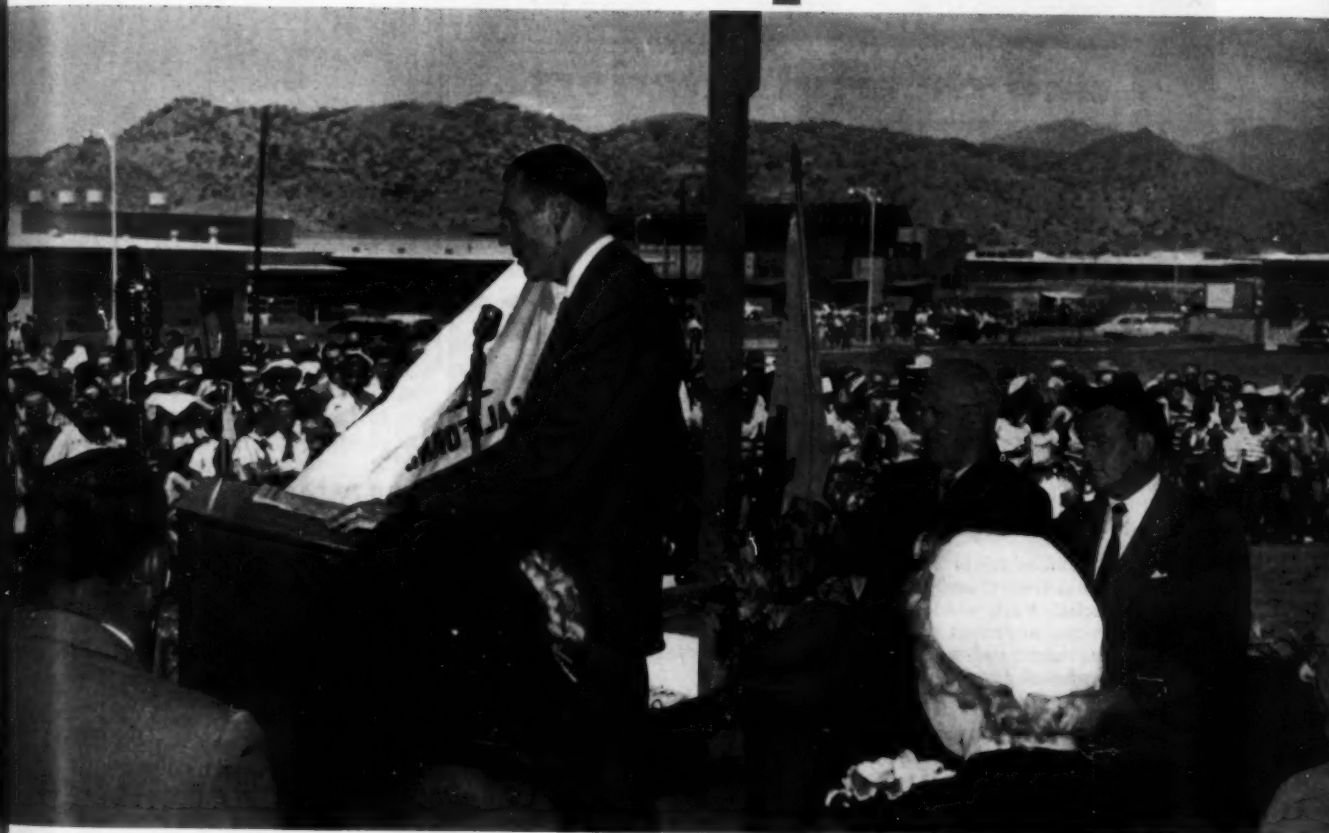
## EMPLOYMENT PLAN FOR PATIENTS LEADS TO LATER JOB PLACEMENT

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James H. Parke

## NEWS OF INSTITUTE & CLOTHING

## EDITORIAL—ON ARCHITECTURAL PROJECT



Published by  
**AMERICAN PSYCHIATRIC ASSOCIATION**

J. Howard Williams (R), State Senator, speaks at dedication ceremonies of Porterville State Hospital, California's new institution for the mentally deficient. On the platform to the right of the Senator are Governor Earl Warren, Dr. Charles Ludwig, Superintendent and (extreme right) Dr. Frank Tallman, then Commissioner of Mental Hygiene.

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*Female Ward Building, Central State Hospital, Lakeland, Kentucky.*

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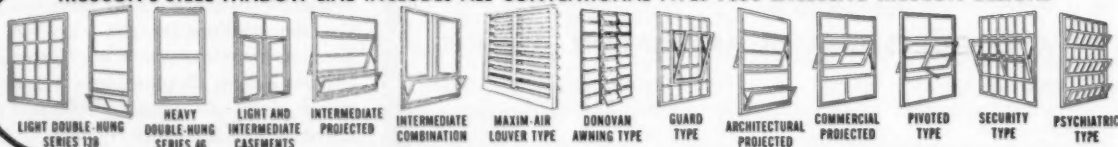
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## THIS MONTH'S COVER

Porterville State Hospital, situated in the foothills of the Sierras, is the first entirely new mental institution to be built in California for 17 years. When the building program is complete, the hospital will treat 2,500 mentally retarded individuals.

The buildings are in 1,200 acres of ground. The administration unit has been combined with outpatient, receiving and acute treatment and medical and surgical services. The patients' dormitories, each with a capacity of 70, vary in feeding, lavatory and bathing facilities according to the type of patients they are to accommodate. Sixteen class room units vary individually for youngsters of different ages, and can accommodate up to 220 students at one time.

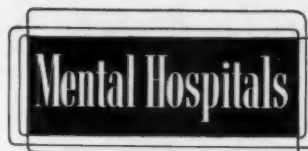
About 20% of the capacity of the hospital has been designed for flexibility, to allow for the shifting needs in patient care. The largest percentage of accommodation is for the severely retarded; only about one third is planned for education of the higher grade defective. Convalescent and continuous treatment facilities occupy a large percentage and there is a big infirmary.

The general clinical program is to include treatment, training and education and research. An integral part of all treatment programs will be early and continuous contact with the family, or if there is no home, early planning will be made for family care and vocational placement. Group and individual psychotherapy will be used where indicated on patient and parent alike. Vocational training programs will be varied and every attempt will be made to give practical training which will be of use to the patient when he leaves the hospital.

On May 12th, the city of Porterville closed its shops and about 5,000 people attended the official dedication ceremonies by Governor Earl Warren, state senators, Dr. Frank Tallman, Commissioner of Mental Hygiene and Dr. Charles Ludwig, the superintendent.

California's 1953-54 fiscal year budget provided \$1,202,984 for support of the institution, based upon the first 1500 patients, who were admitted from the State's waiting lists early in June. A further appropriation of \$3,000,000 will bring the total capacity up to 2,500.

Governor Warren brought with him a bill he had signed the night before designating state homes for the mentally deficient in the state as State Hospitals—a legal recognition that the colony or home idea for institutional care of the deficient has now given way to an active treatment program.



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# Research Today—Goals & Results

By WILLIAM MALAMUD, M.D.

*Professor of Psychiatry, Boston University School of Medicine.*

In most psychiatric hospitals today there is an unprecedented upsurge of interest in research. This is one of the most impressive indications of recent progress in psychiatry in general, and in mental hospital practice in particular. The ever-growing scope of investigative activity, the lively interest and curiosity shown is apparent in state hospitals, private and general hospitals and in the psychiatric departments of medical schools.

It is true that there is broad variation in the extent and nature of the research projects undertaken. Sometimes we find special research departments with fulltime workers, elaborate facilities and diversified disciplines; in other institutions there may be merely sporadic excursions on the part of a busy clinician who manages to steal an hour or so a week for investigation. Some programs place emphasis on biochemical or physiological aspects of personality functions; others lean toward psychodynamics. Another variation is the degree of cooperation between the research workers and those engaged in clinical work. But in all such programs we discern a healthy dissatisfaction with the status quo and appreciation of the need for more knowledge concerning the basic nature of mental disease, its causes and the possibilities of establishing more exact and rational methods of treatment and prevention.

## *Diversity of Research Goals*

In evaluating the contributions of psychiatric research, we must first realize the breadth and diversity of its goals. It is true that its primary goal is to discover basic principles about the functioning of human beings in health or disease. The pure research worker does not concern himself with the practical application of his findings. Some of the greatest discoveries have been made by people who have little interest or experience in the treatment and management of patients. But research has certain side effects on psychiatric practice which in recent years have proved themselves to be of great value.

To begin with, the fact that research depends upon adequate critical judgment and an appreciation of the distinction between true knowledge and mere supposition exerts a good influence on the intellectual attitudes

of all those who come into contact with research workers. The establishment of a well-organized research program will usually result in a healthy scientific atmosphere throughout the institution. This brings with it an increase in critical judgment, a dissatisfaction with slipshod and haphazard work and a shift from the empirical practice of therapeutic procedures to a more exact, efficient and rational approach to treatment and management.

Secondly we must keep in mind that psychiatric research is not self-sufficient, no matter how fundamental it may be. In order to understand personality disturbances we must approach them from a multi-disciplinary point of view. Biological research must be combined with an understanding of social and psychological factors. Investigations into psychodynamics must take into consideration interpersonal as well as intrapersonal processes. Only thus may the evaluation of psychological disturbances be correlated with somatic factors and studies of the individual made in relationship to the functions of the group. Research which succeeds in crossing such boundaries cannot help but introduce into the general atmosphere a similar spirit of team approach. Simultaneously, then, with the discovery of laws which apply to groups of patients or disease syndromes we may also attain a more adequate approach to the treatment and management of the individual patient.

## *Further Questions Arise*

To do this kind of research, the research worker and his associates must adjust to the fact that quick results are not necessarily the most desirable goals, and that partial results may be satisfactory without the attainment of ultimate solutions. In other words, the quick discovery of the cause of a disease or an effective

method of therapy need not be the sole aim of a research project; if it is, frustration will frequently result. The opposite is usually true—that the more we learn, the greater becomes the need for further study. Each question which investigation answers raises a host of new ones; each newly discovered method opens new avenues for enquiry; each therapeutic measure introduced brings questions concerning its real efficacy, and the need for testing its indications and contra-indications.

Take for instance, the role which heredity plays in personality problems. The geneticists have brought forth many pertinent data, but the more we learn of the relationship of heredity to human behavior the more convinced we become that it is not in itself the ultimate answer to any of the problems. Heredity must be regarded as but one feature of an individual's constitution—this constitution constantly changing with the modifying influences of environment, as well as the psycho-physiological processes of the development of the infant. At the same time, it became apparent that we must search for greater clarity in regard to the biochemical and structural nature of the genes themselves. Thus today genetics looms as a far more complex problem than it did a few years ago. New understanding has opened up a vast new field for research, particularly into the relationship between heredity, biochemistry and developmental processes.

Similarly some of us had hoped to find an ultimate answer to the problem of personality disturbances through the investigation of fundamental physiological processes. But as we progress in this study, we find that physiological processes and psychodynamics are intimately interrelated, the one affecting the other and leading to new settings which in themselves are important in influencing the future behavior of the individual. Thus the whole field of psychosomatics has become an important phase of research, and one in which we must be careful not to overevaluate either the one or the other of these two arbitrary components of the individual. Similarly in the relationship of social forces to individual psychodynamics it has become ob-

vious that we cannot treat a human being as a bundle of instinctive urges and conflicting emotions functioning in a vacuum; psychological factors, we discover, can best be understood in terms of their impact upon the group, and are in turn subjected to the social and environmental impacts of the setting in which they function.

That the solution to one problem brings others in its train is equally true of what seem to be empirical or accidental discoveries in clinical psychiatry. New methods of treatment, as, for instance, the shock therapies, psychosurgery, chemotherapy and others which find successful application, also open up new fields of enquiry. Psychosurgery has given rise to a host of new problems and has introduced new methods of investigating the physiology of the nervous system. Group therapy and psychoanalysis have introduced new questions as to interpersonal relationships and intrapersonal processes of psychodynamics and sociopsychological forces. Concurrently with the discovery of a new diagnostic or therapeutic method, the research worker is faced with the important task of devising experimental designs for the objective evaluation of the efficacy of the new procedure.

#### *Research Workers Need Clinicians*

It must not be assumed, of course, that as research progresses, we must be entirely satisfied with continuous search without the gratification of applicable results. The work which has been done so far, particularly within the last few decades, has certainly added not only to our fundamental understanding of certain diseases but also to our capacity for the evaluation, treatment, management and prevention of these diseases. Much, too, has been added to our ability to assist so-called normal adjustment to help people live a more satisfying and healthy life.

We must also appreciate that the possibilities of further progress have been vastly increased. We have come to understand how much more can be accomplished if opportunities for well-organized and well-supported research can be established. Much has still to be done in terms of more adequate organization. The number of people adequately trained for investi-

gative work is still far below our minimum needs. Really adequate research facilities are available still in only a very few places. In most hospitals, research is done as a side issue.

Finally, an adequate relationship between the clinical team and the research group must be established. The adequacy of research frequently depends upon the reliability of the data gathered by the clinician. The ability of the researcher to see new possibilities will be enhanced by a better understanding of such data. At the same time the clinician himself, whether or not he is engaged in research, will profit from closer association with the research worker by sharpening his critical judgment in evaluating the results of his direct work with the patient.

## Clinics

### SOCIAL SERVICE SUSTAINS OUT-PATIENT CLINICS

Several years ago, the shortage of medical personnel at Jacksonville (Ill.) State Hospital was so acute that it was necessary to curtail the use of staff psychiatrists in the hospital's three out-patient clinics. Rather than terminate this important service to paroled patients, however, the hospital has run the clinics on a limited basis under Social Service auspices. Clinic patients who need medical supervision are seen at the hospital. Before a patient is granted complete discharge, he is referred back to the hospital for medical consultation.

The three clinics offer casework services to all conditional discharge patients living in the counties designated to each clinic, whether they have been released from Jacksonville or from any of the other Illinois State Hospitals. In some cases, county residents who were discharged from out-of-state hospitals are referred for supervision. The clinics also offer exploratory and information services to the community.

The patient's first clinic appointment is made while he is still in the hospital preparing for discharge. During his pre-release interviews, the clinic's purpose is explained to him and to his relatives.

The clinics are held once a month. Patients who need continual support are given monthly interviews. Those whose adjustment is easier are seen less frequently. If, at the end of the one-year period of conditional discharge, the patient is found not ready for complete discharge, the probationary period is extended. The Clinic sessions have also made it easier for relatives and patients to accept the advisability of further hospitalization when community adjustment is not successful.

More intensive out-patient service was made available last May to ex-Jacksonville patients through the Springfield Mental Health Center. The Center operates full-time with several psychiatrists, psychologists and social workers.

Jacksonville State Hospital plans to assign psychiatrists to its three clinics in the near future. In this way the Clinics will again function at their maximum capacity in helping conditional discharge patients succeed in their community adjustment. (21-1)

## Recreation

### PATIENTS' VARIETY SHOW HAS IMAGINATIVE THEME

Patients at New York's Rockland State hospital were treated to an imaginary tour of several New York City night clubs and other interest points. The hospital's Recreation Department selected the tour as the theme of a variety show staged by 125 talented patients. The itinerary included "visits" to such bistros as Diamond Jim's, the Latin Quarter, and Eddie Condon's, with stops along the way to witness folk dancing at International House, a television program at Radio City, and dancing street urchins. The excursion theme allowed a coordinated presentation of many forms of entertainments. Dance numbers included waltzes, jitterbugging, ballet, rhumbas and the Can Can, in addition to the folk dancing. The vocal and instrumental numbers, which ranged from barbershop to bebop arrangements, were interspersed with comedy routines and skits. (7-5)

# THE PATIENT DAY BY DAY

## Psychiatric Therapies

### GROUP PSYCHOTHERAPY FOR REHABILITATION THERAPISTS

Group psychotherapy sessions are being held for staff members of the Physical Medicine and Rehabilitation Service of the VA Center Neuropsychiatric Hospital at Los Angeles, California. The sessions, which are conducted by the Psychology Service, are held twice a week. Each session lasts one and a half hours.

The management feels that the therapy will make the workers more objective and thus able, in their work with patients, to keep their own emotional needs out of the treatment situation. (18-7)

### SIMPLE E.C.T. PROCEDURE REDUCES FRACTURES

The Ontario Hospital at Whitby reports that having patients fold their arms across their chests during electroconvulsive therapy has greatly simplified the treatment. The procedure reduces the strength of the powerful biceps and thus lessens body rigidity. Only one nurse is necessary, since only the patient's jaws must be held. Formerly a shock team consisted of three to five nurses.

The incidence of spinal fractures has dropped from six to two per cent, and other fractures from three to one-fourth percent. Bed boards are no longer used on the treatment table. The hospital says further that patients are now less apprehensive about receiving the treatments. (18-8)

## General Medicine & Surgery

### STAFF DONATES BLOOD FOR PATIENTS' NEEDS

Whole blood for transfusion is often urgently needed for cases of malignancy, gastric hemorrhages from ulcers and bleeding varices as well as for operative cases. To meet the need at Dayton (Ohio) State Hospital, the director of in-service training organ-

ized voluntary donations from attendants and other personnel.

While general hospitals in the area had been most cooperative, it had not been possible to repay indebtedness. Since the inauguration of the voluntary donor program however, this debt is being liquidated and a reserve set up for use in the hospital. (19-5).

### Patients' Reactions To New Ward Furniture

by BEN FABRIKANT, Ph.D.

*VA Hospital, Buffalo, New York*

The Topeka (Kans.) State Hospital was recently able to purchase new ward furniture. Considerable thought had been given to the design and construction. Old worn rocking chairs had been replaced by colorful chairs and settees which were less destructible and more easily cared for.

The author enlisted the cooperation of staff psychiatrists, psychiatric residents, nursing personnel and psychiatric aides to note the psychological effects the change would have on the patients. Elements for observation consisted of the approximate length of time that a patient remained in the new chair as compared to the old; remarks as to the acceptance or rejection of the furniture; the severity of attempts made to damage it; the extent of the physical activity on the wards before and after the change; changes in sleeping habits.

Results indicated that many found the change agreeable. They commented favorably on the new furniture, noted the colored plastic covering, kept it clean and paid attention to its arrangement on the ward.

Later observations indicated, however, that the substitution of new chairs disturbed the more deranged and aged patients. To many, the rocking chair was a familiar landmark giving comfort as well as a point of reference to their life's activities. Some had invested what little they could of their emotional life in this attachment. The introduction of the new chairs deprived them of the few familiar and accepted objects in their environment.

A tense and active patient can

often relieve his tension by vigorous rocking, thus dispelling some of his anxiety. The smashing of a chair may help drain the aggression of an extremely disturbed patient, lessening the possibility of physical attacks on the staff. The new chairs, being practically indestructible and non-rockers, were not conducive to these results. Since patients could no longer relieve hostility and stress as readily, an increase of motor activity on the ward was to be expected.

If the initial period of disturbance was worked through effectively, however, patients who had formerly vegetated in their rocking chairs were now up and around, offering greater possibilities for socialization and potential personality improvement.

## Volunteers

### LOCAL BEAUTICIANS DONATE DAY'S SERVICE

Feminine residents of Springfield, Ky., who hoped for a beauty parlor appointment on a certain Tuesday last June were out of luck. All seven of the town's beauty parlors were closed for the day; their proprietors and much of the equipment had moved over to the State Hospital at nearby Danville. There, in the hospital's beauty salon, the beauticians toiled from 9 a.m. to 4 p.m. giving almost \$500 worth of beauty treatments to fifty of the women patients. With the assistance of six assistant beauticians the shop operators had brought along, making a total of thirteen professional beauticians, all the patients were given haircuts, 21 received permanents and 20 others had a shampoo and fingerwave. All the services and expenses involved, which included the salaries of their assistants, were donated by the beauticians. As a "bonus," each patient-client was given a sample jar of hand lotion.

The hospital set up an adjoining room as a waiting room. They equipped it with a radio and magazines, cold soda pop, cigarettes and chewing gum, to keep the patients entertained while awaiting their appointment. The project was sponsored by the hospital's Social Service Department, with assistance from the Nursing Service. (9-7)



# Employment Plan for Patients Leads to Later Job Placement

Some months ago, a 63-year old man applied for and obtained a job as rodman with an engineering firm. This man had recently been discharged from the VA Neuropsychiatric Hospital at Perry Point, Md., after being a patient for 22 years.

Several others like him, once given small chance of ever leaving the hospital, have also returned to the community as self-supporting citizens. They are the graduates of a new form of vocational rehabilitation, adapted to the special needs of the chronic mental patient.

The new plan, which has been in effect at Perry Point for about a year, is known as the Member-Employee Program. In the words of the hospital's Manager, Dr. Peter A. Pfeffer, it is designed to "replace with stepping stones the stumbling blocks which confront the long-term patient in returning to the community." After many years in a mental hospital, patients are fearful of facing employers' skepticism and of exchanging the protected hospital environment for the unaccustomed responsibilities of independence. Many patients who are otherwise well enough to leave the hospital thus are deterred by their own lack of self-confidence.

The Member-Employee program makes it possible for such patients to work at the hospital until regular employment is feasible. There are about 75 jobs available, including carpentry, laboring, landscape and greenhouse gardening, library and clerical work. (For every three Member-Employee positions filled, the hospital must relinquish one regular full-salaried position in its staff quota.)

Member-Employees are paid an annual salary from \$672 to \$845, and receive room, board, medical care and laundry at the hospital. They live in the Aides' quarters with regular employees, and care for their own rooms and clothing.

Gradually the former patient regains confidence in his ability to do a competent job under working conditions like those of any industrial setting. Perhaps of equal importance is

the foretaste of personal freedom which the program affords.

## Preceding Phases

The hospital has set up a screening system to select Member-Employees. In addition to thorough psychiatric evaluation, (the patient is formally discharged before assuming Member-Employee status,) the work habits of each prospect are carefully studied. On the ward, in occupational therapy shops, and in staff conferences, the patient's vocational interests and abilities are observed. If these warrant his being placed in the Hospital Industry Program (industrial therapy), he is given a suitable work assignment and ground privileges. Thereafter a record is kept of how he meets the physical, social, and intellectual demands of the job. The Hospital Industry Program serves as a testing ground to discover whether the patient is Member-Employee material.

## Job Finding

When the Member-Employee finally feels ready to take "the big step" to outside employment, the hospital makes every effort to place him in a job situation which will overtax neither his vocational nor emotional abilities. The hospital's Vocational Advisor works closely with such State agencies as the Employment Service and the Division of Vocational Rehabilitation. He also makes many personal contacts with area employers, and reports that he has found them helpful and understanding.

Last May the hospital sponsored a Psychiatric-Industrial Conference to demonstrate the program's potentialities to local businessmen. Some 80 prospective employers attended, industrialists, shopkeepers, farmers, and small-business owners. A highlight of the evening's meeting was an exhibition of the jobs which Member-Employees perform. Each exhibit was attended by a Member-Employee and his supervisor so that the employers' questions could be answered on the spot. The hospital plans to hold these Conferences annually, but interested employers are welcome to visit the

hospital at any time to watch Member-Employees on the job.

Perry Point Hospital has now had a total of 71 patients employed in the Member-Employee Program. Seventeen have already made an occupational adjustment in jobs outside the hospital, and it is expected that more patients will be so placed.

"These were patients," says Dr. Pfeffer, "to whom all phases of our previous rehabilitation efforts had been directed but who yet remained in the hospital for an average of 10 years. This program has been the vital bridge by which patients move from the environment of the hospital to the environment of extra-mural adjustment."

## Administration

### WAITING LIST ABOLISHED AT TOPEKA STATE HOSPITAL

Despite a 59% increase in admissions during the past year, and a low death rate, the patient population of the Topeka (Kans.) State Hospital has decreased 23 per cent since 1948, the year the hospital was reorganized. At that time there were nearly 1800 patients; at the end of the last fiscal year, June 30, 1953, the patient population numbered 1,392.

The result, according to Dr. Clark Case, Acting Superintendent of the hospital, is that the hospital is no longer overcrowded. During the past year it has been possible to admit everyone needing hospitalization as soon as their admission papers were received. "The days of the long waiting list are over," Dr. Case said.

Admissions during the past year totalled 396. In addition to 263 patients discharged as recovered or improved, 285 patients were placed on convalescent leave in preparation for discharge. The admission rate was the highest in twenty years; the discharge rate the highest in the hospital's history. The death rate, on the other hand, has for the past four years been nearly 50% less than the average of the previous forty years.

Dr. Case said that the striking statistics of the past year were the culmination of five years of effort on the part of the hospital staff, assisted by consultants from the Menninger Foundation. (1-7)

## EDITORIAL

In April, 1952, psychiatrists and architects met for the first time to discuss the age-old problem of housing the mentally ill person. This meeting was held in Washington under the auspices of the American Psychiatric Association. In the June 1953 issue of *MENTAL HOSPITALS* Dr. Kenneth E. Appel, President, announced officially that the Association had received grants for a two-year study of mental hospital design, construction and equipment. The fullest cooperation of the American Institute of Architects has been promised.

The establishment of this architectural project may prove to be the greatest step forward in the improvement of mental hospital facilities since the notable work done a hundred years ago by the Association of Medical Superintendents of Institutions for the Insane.

It was at the sixth meeting of this Association in Philadelphia in 1951 that Dr. Thomas Story Kirkbride read the report containing his famous series of "propositions" concerning the construction and internal arrangement of "hospitals for the insane." At this time most mental hospitals in the country were patterned after structures which had been in use in Europe for centuries.

Dr. Kirkbride's plan was accepted and it served as a prototype for mental hospital construction for more than fifty years. Most of the older hospitals in this country still have a "Kirkbride building" in use.

Dr. Kirkbride's plan, intended to correct existing defects, consisted of a large multi-story building with an imposing center section for the administrative offices, the superintendent's apartment and staff quarters. Attached to this section, and extending from either side were a series of connecting "wing wards" en echelon. Quiet, well-behaved patients were placed in wards nearest to the center section while the more disturbed were housed in wards furthest removed from it. Hence the expression "a back ward patient" still used today!

The Kirkbride building had many advantages—especially the fact that it was "easily managed." But by the turn of the century, mental hospital authorities began to feel that patients

might benefit more if housed in groups of smaller "cottage type" buildings. Many such "village idea" hospitals were established, but the cost of construction and maintenance, plus administrative difficulties, made this type of construction less popular.

More recently, a new type of building has made its appearance—the purely "functional" structure designed to house the maximum number of patients in a one-story, self-contained building. It has yet to be discovered whether this type of building has a favorable therapeutic effect on the patients.

Environment, especially that produced by structure, causes favorable or unfavorable psychological responses in any individual, and it has been said that therapy begins the moment a new patient is brought into the hospital grounds. It is obvious that at the present time we are far from the ideal in mental hospital architecture. The many factors involved in the care and treatment of patients, such as clinical efficiency, therapeutic

### TO HEAD DESIGN PROJECT



Dr. John L. Smalldon, formerly superintendent of Concord (N.H.) State Hospital, who is to head the two-year study of mental hospital design, construction and equipment. The project is to start officially on September 8th, under the auspices of the A.P.A. Mental Hospital Service.

atmosphere and ease of administration present a complex total problem. Not the least important factor is our traditional attitude of treating the patient as a "mental case" instead of as a living, individual person.

When we can devise hospitals which will give the effect of comfort and tranquility, and also contain the facilities needed for modern treatment methods, we may begin to approach the ideal. It is this ideal toward which the architectural research project will be directed.

FREDERICK L. McDANIEL, M.D.  
A.P.A. Central Inspection Board.

## M. H. S. News & Notes

### Fifth Mental Hospital Institute

On the basis of the U. S. average per diem cost of \$2.27 per day\*, that fifty dollars you are spending to send a delegate to this year's Mental Hospital Institute at Little Rock, Ark. October 19th through 22nd would keep one patient for about 22 days. Are you justified in spending taxpayers' money for this purpose?

At least two hundred mental hospital superintendents from the leading institutions in the U. S. and Canada realize that it is more than justified by the educational value of the Institute. Most of these superintendents, however, are thrifty men—they take advantage of their right to send additional delegates for only \$25 each. Some send as many as five—\$50 for the first and \$25 for each additional staff member who attends. They realize that it is not only the medical hierarchy who benefit from this intellectual stimulation.

May we urge you, therefore, not only to invest this "thrifty fifty" in better over-all patient care, but also to take advantage of your special membership privilege by sending somebody who has not previously had the chance to attend one of our Institutes. Glance once more at the list of your people who are to attend—and add one new delegate for \$25.

### More about Patients' Clothing

No formal test is being conducted upon the slippers produced for elder-

\* Unpublished data, subject to revision, derived from the annual census of mental patients.



ly and convalescent patients by the A.P.A.-M.H.S. Committee on Clothing for Mental Patients in cooperation with Lumoar Manufacturing Corp., New Haven, Conn. A number of hospitals, however, are using these slippers and have promised an informal report at an early date.

Meanwhile the manufacturer informs us that several hundred pairs are still available, at \$1.98 a pair, for any other hospitals which would like to try them. Slippers are available

in white, blue and brown, in small, medium and large sizes, for men and women.

The slippers are made of a new synthetic fabric—Dynel—with a tricot (knitted) upper, bound with nylon and with a specially constructed composition non-slippery sole. A nylon-knitted in-sole gives warmth and comfort. (See cut.) Fifty pairs is recommended as the minimum quantity for such informal tests.

Delivery of slippers already ordered has unfortunately been delayed but will begin in the latter half of September.

A very limited number of the test dresses for women are also available for hospitals which were unable to take part in the formal test. These dresses are \$14.25 each. Hospitals now testing report that the garments "do up well" without ironing and that patients enjoy wearing them. Purchase orders should be sent to Wannalancit Textile Co., Lowell, Mass.



## Staff Training, Public Education & Clinics Needed in Western Hospitals, Say Affiliate Society Members

A poll of ten hospitals represented in the Intermountain Psychiatric Association (an A.P.A. Affiliate Society covering Arizona, Idaho, Montana, Nevada, Utah and Wyoming) revealed the hospitals' five principal problems. Difficulty in securing professional staff and ward personnel headed the list, followed by the shortage of housing for patients and personnel, respectively. The fifth problem named was that on which the aforementioned difficulties are hinged—insufficient operating funds.

Pinpointing their problems more specifically, a few hospital superintendents listed the need for better educational programs. They mentioned in-service training of attendants and special therapists, affiliate nursing programs, on-the-job training of students in clinical psychology and psychiatric social work, as well as internships in those specialties. Internships and residencies in psychiatry were also indicated as in need of development, and at present no post-graduate education in psychiatric nursing is available in the Intermountain area.

The hospitals also mentioned problems arising from public misunder-

standing and non-acceptance of the mentally ill person. Dr. J. O. Cromwell, Superintendent of the State Hospital South at Blackfoot, Idaho, and President of the Intermountain Psychiatric Society, stated that "every citizen should know what modern psychiatry has to offer, what a modern psychiatric hospital should be like and what the mental hospitals which serve him are like. When this mission in public education is accomplished, the spread between what is and what ought to be will not remain so great for long."

Dr. Cromwell said further, "The administrators of public mental hospitals should value seriously the A.P.A. Standards for Psychiatric Hospitals. Public mental hospitals have not attained these Standards, essential in their entirety, because of financial limitations, unrealistic fiscal policies and unhealthy political traditions. One requirement of these Standards is an out-patient clinic. We have estimated the cost of such a clinic in connection with State Hospital South. It turns out to be \$6.88 per treatment hour but reduces hospital costs more than enough to justify it." (6-1)

## Training

### VARIED AFFILIATE TRAINING GIVEN AT VA CENTER

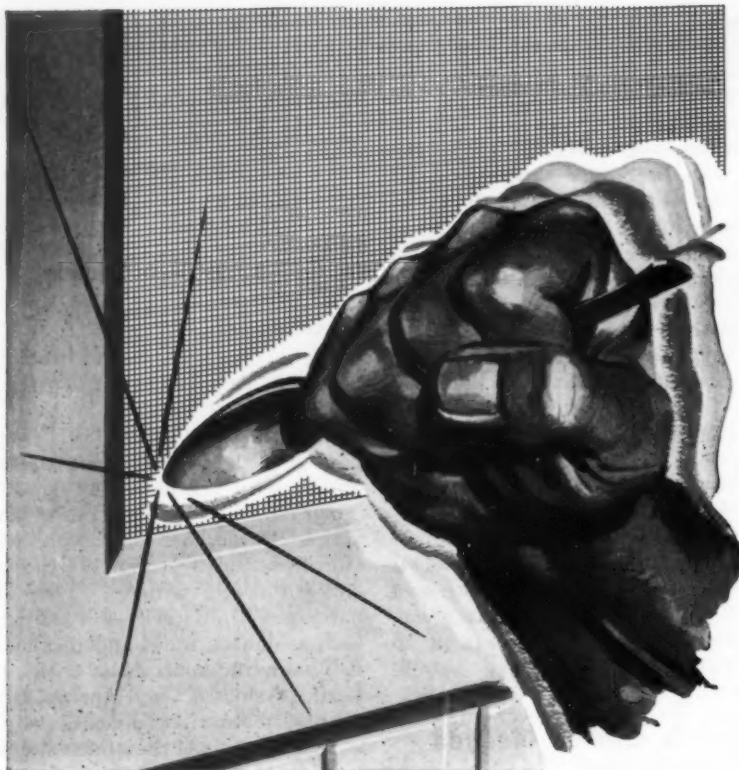
In addition to the in-service training programs for its own personnel, the VA Center Neuropsychiatric Hospital at Los Angeles, Calif. is co-operating with local universities to give practical experience to students in relevant specialty fields.

Six graduate students from the School of Religion of the University of Southern California are serving one day a week as volunteers in the hospital's Physical Medicine and Rehabilitation Service (PM & RS). Their mornings are spent in the Motivation Clinic, working with individuals or small groups of regressed and withdrawn patients. They also participate in large-group activities, such as dances, walks and picnics. A half-hour conference is held with the ward psychiatrist and therapists to discuss treatment problems. In the afternoon, some of the students return to the Motivation Clinic to work with another group of patients, while others accompany their morning patients to Educational and Corrective Therapy sessions. The students rotate these assignments during their semester, and their clinical experience is correlated with their university classes. The University grants them a graduate credit for this volunteer work.

Another small group of students from the School of Occupational Therapy also perform regular volunteer duties. They work in PM & RS Clinics other than Occupational Therapy, however, as their faculty supervisor thinks that the all-round experience will make therapy training more meaningful.

The Graduate School of Education of U.C.L.A. has assigned 18 teacher-trainees to the hospital's Educational Therapy program. The students receive university credits for their hospital work, which apply towards a Master's Degree in School Administration.

U.C.L.A. also grants credits to physical education students for practical experience gained in working with the Corrective Therapy staff at the Veterans Administration Hospital.



## Cut sash repair, paint costs with Chamberlin Security Screens

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**You reduce glass breakage.** Inside mounting of Chamberlin Security Screens reduces window-glass breakage, cost of glass replacement, patient injury.

**You reduce the threat of disaster.** No grilles, no bars to trap patients in a fire. No stubborn locks to hinder rescue. Exclusive Chamberlin emergency release permits instant patient removal from outside if necessary.

**You cut grounds maintenance costs.** Patients can't throw litter out of window, can't store it on window sill, can't receive forbidden objects.

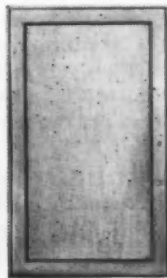
**You eliminate insect screen costs.** Close-woven, high-tensile-strength wire of Chamberlin Security Screens takes place of insect screening, withstands usual abuse. Admits ample light and air.

Over the years, these savings will more than offset your original screen costs. Yet they're only a few of the savings and services other hospital administrators count on every day (see right). Let our Hospital Advisory Service give you full details. Write today.

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Chamberlin Detention Screens provide maximum detention and protection. Their heavy steel frames wired with high-tensile-strength wire cloth suspended by concealed springs to absorb shock, reduce injury to both patient and screen. Chamberlin Protection and Safety Screens provide suitable and economical protection for non-violent patients.

## QUICK NOTES

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**Chamberlin Security Screens reduce maintenance time, effect material savings;** replace heavy bars and guards. Replace insect screens. Stop glass breakage and damage to window frames and sash. Reduce painting requirements. Reduce grounds maintenance work by keeping litter in rooms.

**They reduce cost of medical care for physical injury:** prevent self-damage and attacks on attendants with broken glass. Prevent cold-inducing drafts. Prevent suicide attempts by hanging from window muntins, grilles, bars. Prevent receipt of dangerous pass-in objects.

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**Chamberlin Security Screens supplement supervision.** Special Chamberlin locking device resists tampering and plugging attempts. Close-woven, high-tensile-strength wire mesh foils usual picking and prying. Smooth frame edges and rounded corners preclude accidental or intentional self-damage. Screens can be provided with emergency release permitting instant patient removal by operation of lock from outside.

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# THE COST OF FREE SERVICE

By JAMES H. PARKE,

Director, Voluntary Service,  
VA Special Services.

During each month of 1952, approximately eighty thousand men and women participated on a volunteer basis in programs for patients in Veterans Administration hospitals. This corps of volunteers provided a monthly average of 404,144 hours of supplemental volunteer assistance.

This voluntary work, although without charge, was not, however, without cost to the volunteers, to the various organizations to which they belong and to the Veterans Administration. The voluntary service organizations paid to give free service; hospital management paid to receive it. We have all come to appreciate and, in the main, to act upon this paradox of Voluntary Service, for it is only when these costs are paid that a truly meaningful program results.

## Cost to Volunteers & Organizations

Part of the cost of volunteer assistance is paid by the volunteer worker and his organization before the volunteer enters the door of the hospital. It is important for the hospital management to be aware of and appreciative of this cost. It includes not only money, but the time and energy involved in educating the volunteer with regard to his duties and responsibilities and in training him in specific skills. The amount and type of this initial cost will depend, among other factors, upon the degree of skill required of the volunteers and upon the standards of service established by the organization. It is generally true that the organization which does a good job of educating its members in the purpose, scope and procedures of the organization itself also does a good follow-up job in providing continuing leadership and guidance. Such an organization takes a very real pride in the success of its members in "filling the doctors' prescriptions" for Voluntary Service.

This helpful leadership and guidance should be encouraged by hospital management. Such stimulation, coupled with carefully planned hos-

pital staff supervision, will pay dividends in improved assistance.

## The Cost to Hospital Management

The major cost of volunteer assistance to hospital management comes under the general heading of supervision. This supervision is two-fold: first, supervision of the over-all volunteer program, and second, supervision of the individual volunteer worker.

Pre-planning by the heads of hospital programs is essential in order to assure that there are needs which volunteers can appropriately fill, and that the professional staff is ready to accept volunteer assistance in meeting such unfilled needs. The volunteer worker is normally a busy individual, with civic or religious or social responsibilities, in addition to home or business duties. He must feel that his efforts provide a needed contribution to care and treatment.

Informally written volunteer assignment guides provide such information as specific descriptions of the volunteer services required, the abilities needed and the number of volunteers and hours of service required. These guides are valuable aids in recruitment of volunteers. Their preparation, especially the necessary analysis of the volunteer jobs to be done, has the additional value of encouraging professional staff members to think through more carefully their planning for volunteer assistance.

It is important that all paid personnel understand why volunteers are at the hospital. It is particularly important that the paid staff fully understand that the volunteer effort is *supplemental assistance*, that the volunteers in no sense replace paid staff.

## Screening the Volunteer Workers

Screening involves two phases: first, ascertaining whether the individual is temperamentally suited to work with sick or disabled people, and second, what particular assignment is best suited to the individual. Where the major recruitment is done by the participating organizations, the initial screening is normally their responsibility. The secondary screening by the hospital staff serves as a further

check toward assuring proper selection. From the cost point of view, proper selection and proper placement are most important.

## Orienting the Volunteer

The volunteer's introduction to the hospital has an important bearing on the effectiveness of his contribution. This is basically the responsibility of hospital management. As one volunteer leader expressed it, "volunteers are intelligent men and women; it is the hospital staff's job to make them intelligent about the hospital."

Just as the volunteer must be well introduced to the hospital, he must also be well introduced to the particular program in which he is to work, and informed of its relationship to the hospital's over-all treatment program. The job satisfaction or the lack of it to the volunteer (and consequently, to a large extent, the satisfaction or lack of it on the part of the staff supervisor in the job the volunteer does) may well have its beginnings in this introductory session between the volunteer and his supervisor.

## Supervision and Instruction

So important is supervision of the volunteer on the job that unless it can be consistently provided, it would be better to postpone establishing a volunteer program. The volunteer thinks of his job as supplemental to that of the paid staff. He is an assistant to a member of the professional staff who has responsibility for one phase of the care and treatment program.

While instruction on the job is part and parcel of good supervision, busy professional staff cannot be expected to set up courses of instruction in special skills for the volunteer workers, and, obviously, instruction on the job does not imply this. It does however, imply that the supervisor should be alert to the special capabilities of his volunteers and try to give them gradually more challenging assignments.

A periodic inventory by staff and volunteer workers offers a valuable opportunity for group self-examination. In addition to the helpful suggestions which both supervisors and supervised make, such sessions, when properly handled by the staff, clearly indicate to the volunteers that they are in fact as well as in theory valued members of the hospital team.



## COMMENTARY

Hospital power plant engineers will be interested in "Improving Power Plant Operation," which appears in the May issue of *Hospital Management*. Mr. Charles R. Bender, Chief Engineer of the St. Louis (Mo.) State Hospital power plant, writes about reforms in plant operation which cut the fuel bill almost in half.

Drs. G. Wilse Robinson, Jr. and John D. DeMott, of the Neurological Hospital, Kansas City, Mo., describe "Electroshock Therapy in Functional Psychoses of Old Age" in the May *Geriatrics*.

In the May issue of the *Journal of the American Dietetic Association* is a report on "Dietary Requirements of the Aged." This report, by Dr. M. K. Horwitt of the Elgin (Ill.) State Hospital Biochemical Research Laboratory, presents data from experiments in geriatric nutrition. It includes the formula for an enriched bread made at the hospital.

A method of treating hospital linen with an oil emulsion is described in the June *Hospital Management*. The emulsion contains a bacteriostatic compound, and is said to cut down on skin irritations of bed patients, as well as controlling lint, dust, odors and stains in the linens. One hospital which has used this new method in laundering has found it requires two-thirds less soap solution, eliminates the use of bleach, sour and blue, and reduced the operation time from 50 minutes to 36 minutes on a 530 pound wash load. The treatment is also applicable to uniforms.

The Psychiatric Division of McMillan Hospital, St. Louis, Mo., is described by Cornelia S. Knowles, R.N., in the July *Hospital Management*. Mrs. Knowles is Associate Director of McMillan, which is a part of the Barnes Medical Center (to which the July issue is dedicated) and therefore affiliated with Washington University School of Medicine. A 100-bed psychiatric facility, Renard Hospital, is being built at Barnes Medical Center to augment the services available at McMillan Hospital's 54-bed unit.

The National Association for Music Therapy announces the publication of *Music Therapy 1952*. Like its 1951 predecessor, this is the Proceedings of the N.A.M.T.'s Annual Meeting, and

contains a number of papers by psychiatrists. The 300-page book is available at \$5.00 (postpaid) from the Allen Press, Lawrence, Kansas.

The New Jersey Department of Institutions and Agencies has published a statistical review of its Mental Hygiene Clinics, from 1938 to 1952, as Research Bulletin 108.

Architect Alonzo W. Clark writes on "Planning the Rehabilitation Unit" in the July issue of *Hospitals*. Included are two sketches of basic plans for an occupational therapy department in psychiatric hospitals. One is for a hospital of 250 beds or less, the other for hospitals up to 500 beds.

Educational therapy for psychotic patients is discussed by Daniel Weiss, M.D. and Reuben J. Margolin, Ed.D., in the June issue of the quarterly, *American Archives of Rehabilitation*. Drs. Weiss and Margolin urge that the emphasis in Educational Therapy be placed more on social than on intellectual development.

In the June *Trustee* is reprinted "Our Mental Health Resources" from the May 2 *Journal of the A.M.A.*

Lucy Freeman, author of *Fight Against Fears*, has published her second book, *Hope for the Troubled*. This readable, skillfully written book should do much to diminish the anxiety so often felt by the public at the thought of "going to a psychiatrist." Miss Freeman describes in concrete terms the problems facing school girls, young married women, delinquent children—all who make up the human race. She includes lists of state, federal and national mental health organizations and her text mentions many psychiatric institutions where progressive programs are in operation. Crown Publishers, Inc., 419 Fourth Avenue, N. Y. C., is the publisher.

## People & Places

Dr. Frank Tallman has resigned as director of California's Department of Mental Hygiene to become Professor of Preventive Psychiatry at U.C.L.A. School of Medicine. Dr. E. H. Crawfis, Deputy Medical Director of the Department, succeeds him. . . . Dr. Wilbur G. Jenkins is new Superintendent of Osawatimie (Kans.)

State Hospital. He replaces Dr. Milton H. Anderson, now Medical Director of the Evansville (Ind.) State Hospital. . . . Three of Kentucky's four state hospitals have new Superintendents: Dr. George P. Wyman at Central State Hospital, Lakeland; Dr. Charles D. Fuess at Eastern State Hospital, Lexington, and Dr. Jakabs Kne-zinskis has been named Acting Superintendent at Western State Hospital, Hopkinsville. . . . In Texas, Dr. W. L. Starnes has replaced Dr. J. S. Scarborough as head of San Antonio State Hospital, and Dr. Vernon Watley is the new Superintendent of Amarillo State Hospital. . . . Dr. Addison M. Duval was named to succeed Dr. Samuel A. Silk as Assistant Superintendent of St. Elizabeths Hospital, Washington, D. C. Dr. Silk retired August 1 after 36 years of service at the 7,000-bed Federal institution. Dr. Jay L. Hoffman, previously Chief of Professional Services at the Bedford (Mass.) V. A. Hospital, has assumed Dr. Duval's former position of First Assistant Physician at St. Elizabeth's.

## City Hygiene Clinic Seeks Psychiatrist

A newly formed agency, the Division of Mental Health in the Public Health Department of the city of Philadelphia, is seeking a psychiatrist to direct its operations.

This director will plan, organize and administer a mental health program in the city, consult with medical staff of institutions caring for the mentally ill, cooperate with welfare agencies and promote the coordination of medical standards and programs on a community basis. This will involve liaison with the courts and with police and welfare departments.

An important part of the program is to stimulate the interest of physicians in the mental health of children. A plan for early referrals of children for psychiatric study and care emphasizes the preventive aspects of the clinic's work.

The closing date for applications is October 21st, and they should be sent to the Department of Public Health, Room 503, City Hall Annex, Philadelphia 7, or alternatively to the Recruitment and Examining section, Room 201, City Hall.